

**CITY OF LISBON  
DEMOLITION PERMIT APPLICATION**

**NOTE: You must notify Iowa One Call before you dig 800-292-8989**

Application Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Site Address: \_\_\_\_\_

Dimension of Bldg: \_\_\_\_\_

Use of Building: \_\_\_\_\_

Number of Stories: \_\_\_\_\_

Number of Units: \_\_\_\_\_

Frame Type (wood, steel): \_\_\_\_\_

Disposal Site for demo materials: \_\_\_\_\_

**Please provide documentation from a certified inspector that the site is free of hazardous materials, i.e., asbestos, underground tanks, lead batteries, etc.**

Name of Hazardous Materials Inspector: \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

**Specify abatement plans and obtain proof of proper removal and disposal of hazardous materials.**

Name of Abatement Contractor: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

Reason for Demolition:

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Demolition by Whom:

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Address

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Phone

Who is Responsible for Restoration:

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Date Work Will Start:

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Estimated Completion Date:

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Owner/Permit Holder

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Approved by: City of Lisbon